

**PUBLIC HEALTH DEPARTMENT[641]**

**Notice of Intended Action**

**Proposing rule making related to outpatient diabetes education programs and providing an opportunity for public comment**

The Public Health Department hereby proposes to amend Chapter 9, “Outpatient Diabetes Education Programs,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is proposed under the authority provided in Iowa Code section 135.11(12).

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code chapter 514C.

*Purpose and Summary*

Chapter 9 describes the standards for outpatient diabetes self-management education programs and the procedures that programs must follow to obtain certification by the Iowa Department of Public Health. The certification is required, pursuant to Iowa Code section 514C.18, in order for programs to obtain third-party reimbursement of the costs associated with the required self-management training and education program. The proposed amendments will change the period of time for which a certification is valid from three years to four years and will change the number of staff continuing education hours to align with the addition of one year to the period of certification.

*Fiscal Impact*

This rule making has no fiscal impact to the State of Iowa.

*Jobs Impact*

After analysis and review of this rule making, no impact on jobs has been found.

*Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to the Department’s variance and waiver provisions contained in 641—Chapter 178.

*Public Comment*

Any interested person may submit written comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on August 7, 2018. Comments should be directed to:

Laurene Hendricks  
Department of Public Health  
Lucas State Office Building  
321 East 12th Street  
Des Moines, Iowa 50319  
Email: [laurene.hendricks@idph.iowa.gov](mailto:laurene.hendricks@idph.iowa.gov)

### *Public Hearing*

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)“b,” an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

### *Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee’s meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making actions are proposed:

ITEM 1. Amend rule **641—9.2(135)**, definition of “Physician,” as follows:

“Physician” means a person currently licensed to practice medicine and surgery, osteopathic medicine and surgery, or osteopathy under Iowa Code ~~chapters~~ chapter 148 ~~and 150A~~.

ITEM 2. Amend subrule 9.3(5) as follows:

**9.3(5)** Assign a program site number and an expiration date and issue a certificate to each program that meets the standards. A certificate shall be valid for ~~three~~ four years from issuance unless specified otherwise on the certificate or unless sooner revoked.

ITEM 3. Amend rule 641—9.4(135) as follows:

**641—9.4(135) Application procedures for American Diabetes Association-recognized and American Association of Diabetes Educators-accredited programs.** When a program is recognized by the American Diabetes Association or accredited by the American Association of Diabetes Educators, the program shall apply for certification by submitting the following to the department ~~by submitting a:~~

**9.4(1)** A copy of the Certificate of Recognition provided by ADA or the Certificate of Accreditation provided by AADE; the

**9.4(2)** The name, address and telephone number for the program; ~~the name.~~

**9.4(3)** The names of the program coordinator and the name of the, program physician, primary and supporting instructors, and advisory committee members. ~~In addition, since the ADA recognition and the AADE accreditation programs do not require the participation of a pharmacist but the Iowa law does, ADA-recognized and AADE-accredited programs shall submit the name(s), license number(s) and continuing education hours of the pharmacist(s)~~

**9.4(4)** Copies of current Iowa licenses for all persons named in 9.4(3).

**9.4(5)** The name and a copy of both the Iowa licenses and continuing education hours of any pharmacist who serves as program staff. A pharmacist shall be a primary or supporting instructor or advisory committee member and shall meet the education requirements in 9.8(6), 9.8(7) or 9.8(8).

ITEM 4. Amend rule 641—9.5(135) as follows:

**641—9.5(135) Renewal procedures for American Diabetes Association-recognized and American Association of Diabetes Educators-accredited programs.** Programs shall renew their certification every four years, at least 30 days prior to the expiration date. To apply for renewal of certification, the ADA-recognized program or the AADE-accredited program shall submit a the following to the department:

**9.5(1)** A copy of the new ADA Certificate of Recognition or AADE Certificate of Accreditation; ~~the.~~

**9.5(2)** The name, address and telephone number for the program; ~~the name.~~

**9.5(3)** The names of the program coordinator, ~~the name of the program physician, and the name(s), license number(s), and continuing education hours of the pharmacist(s)~~ primary and supporting instructors, and advisory committee members.

**9.5(4)** Copies of current Iowa licenses for all persons named in 9.5(3).

**9.5(5)** The name and a copy of both the Iowa licenses and continuing education hours of any pharmacist who serves as program staff. A pharmacist shall be a primary or supporting instructor or advisory committee member and shall meet the continuing education requirements in 9.9(7).

ITEM 5. Amend paragraph **9.6(2)“a”** as follows:

a. Name, address and telephone number for the program, program physician and program coordinator. The names of instructional staff and advisory committee members and copies of their current Iowa licenses shall also be included.

ITEM 6. Amend subparagraph **9.6(2)“e”(8)** as follows:

(8) Reducing risks: includes prevention, detection, and treatment of acute complications and chronic complications; ~~as well as foot, skin and dental care; immunizations; and kidney function.~~

ITEM 7. Amend subrules 9.8(5) to 9.8(8) as follows:

**9.8(5)** The names ~~and license or registration numbers~~ of the program physician, program coordinator, ~~and all primary and supporting instructors, and advisory committee members~~ shall be included with the program application, with copies of their current Iowa licenses.

**9.8(6)** All primary instructors shall show evidence of knowledge about the disease process of diabetes and the treatment and management of people with diabetes by documentation of one or more of the following:

a. Within the last ~~three~~ four years, completion of a minimum of ~~24~~ 32 hours of continuing education in diabetes, diabetes management, or diabetes education; or

b. Equivalent training or experience including, but not limited to, endocrinology fellowship training or masters level preparation in diabetes nursing/nutrition. Unsupervised teaching of patients is not an acceptable equivalent.

c. Current certification as a certified diabetes educator.

**9.8(7)** All supporting instructors shall show evidence of knowledge about the disease process of diabetes and the treatment and management of people with diabetes by documentation of completion of a minimum of ~~12~~ 16 hours of continuing education in diabetes, diabetes management, or diabetes education within the last ~~three~~ four years or have current certification as a certified diabetes educator.

**9.8(8)** The four professionals required in 9.8(2) to be on the advisory committee shall have completed ~~six~~ eight hours of continuing education in diabetes within the past ~~three~~ four years.

ITEM 8. Amend subrule 9.9(1) as follows:

**9.9(1)** Name, address and telephone number of the program, program physician and program coordinator, with names of instructional staff and advisory committee members and copies of their current Iowa licenses.

ITEM 9. Amend subrule 9.9(7) as follows:

**9.9(7)** Documentation of continuing education hours accrued since the previous application for current staff and new staff.

a. All primary instructors shall complete a minimum of ~~18~~ 24 hours of continuing education in diabetes, diabetes management, or diabetes education within the past ~~three~~ four years.

b. All supporting instructors shall complete a minimum of ~~nine~~ 12 hours of continuing education in diabetes, diabetes management, or diabetes education within the past ~~three~~ four years.

c. The four professionals required in 9.8(2) to be on the advisory committee shall complete a minimum of ~~five~~ seven hours of continuing education in diabetes within the past ~~three~~ four years.